



PATENT
Docket No.: 28069-594
(Formerly 003300-833)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Monica Jonsson *et al.* Confirmation No.: 2032
Serial No. : 09/970,649 Customer No.: 35437
Filed : October 5, 2001
Art Unit : 1617
Examiner : Hui, San Ming R.
For : **Parenterally Administrable Microparticles**

Mail Stop AF

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT IN RESPONSE TO THE DECEMBER 28, 2004
FINAL OFFICE ACTION

Dear Sir:

This Amendment under 37 C.F.R. §1.116 is submitted in reply to the December 28, 2004 final Office Action received in the above-identified patent application. Entry and consideration of this responsive Amendment are respectfully requested at the time of examination of the subject application.

Please amend the application as follows:

Amendments to the Claims and New Claims are reflected in the listing of claims, which begins on page 2 of this paper.

Remarks/Arguments begin on page 11 of this paper.

Express Mail Label No.: EV 532352078 US



AMENDMENT TRANSMITTAL LETTER

Docket No.
28069-594
(Formerly: 003300-833)

Serial No.
09/970,649

Filing Date
October 5, 2001

Examiner
Hui, San Ming R.

Group Art Unit
1617

Applicants: Monica Jonsson, *et al.*

Invention: **PARENTERALLY ADMINISTRABLE MICROPARTICLES**

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an Amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED

	Claims Remaining After Amendment	Highest # Previously Paid	# Extra Claims Present	Rate	Additional Fee
Total Claims	73	- 82 =	0	x \$50.00	\$0
Independent Claims	3	- 3 =	0	x \$200.00	\$0
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Total					\$0
Small Entity Reduction (-50%):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0

☒ Large Entity

☐ Small Entity

☐ No additional fee is required for amendment.

☐ Please charge Deposit Account No. 50-0311 in the amount of _____
A duplicate copy of this sheet is enclosed.

☐ A check in the amount of _____ to cover the fee is enclosed.

☒ The Commissioner is hereby authorized to charge and credit Deposit Account No. **50-0311** as described below. A duplicate copy of this sheet is enclosed.

☒ Credit any overpayment.

☒ Charge any additional filing or application processing fees required under 37 C.F.R. 1.16 and 1.17.

Leslie A. Serunian

Dated: April 27, 2005

Leslie A. Serunian, Reg. No. 35,353
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